CONTROL AND MEASURING TOOLS

Questions of the curriculum for midterm control-1

Discipline practitioner	«Geriatrics in the practice of general»
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<question> A 65-year-old man complains of coughing with sputum during the day, shortness of breath that occurs when walking quickly or climbing a small hill. His medical history includes smoking for 25 years, 1 pack (20 cigarettes) per day. He has noted increased shortness of breath with colds over the past 5 years. What is the severity of shortness of breath according to the Medical Research Council Dyspnea Scale (MRS)?

<question> A 64-year-old man complains of coughing during the day, with phlegm in the morning, shortness of breath that occurs when walking 100 m, and he has to stop. His medical history includes smoking for 25 years, 1 pack (20 cigarettes) a day. What is the severity of his shortness of breath according to the Medical Research Council Dyspnea Scale (MRS)?

<question> A 65-year-old man called a doctor to his home complaining of fever, headache, and dry cough. Objectively: temperature 39.20C, scleral vessels are injected, the mucous membrane in the pharynx is clearly hyperemic, there is harsh breathing in the lungs, and there are no wheezes. Muffled heart sounds, HR 124 bpm, BP 110/70 mmHg, RR 18. In the complete blood count: erythrocytes - 3.4x1012 /l, heme - 135 g/l, lymphocytes - 4.2x109 /l, e. - 5%, p\ya - 7%, s\ya - 63%, m - 5%, l - 20%, ESR - 18 mm/h. A flu epidemic has been declared in the city. What are your tactics?

<question> A 68-year-old man consulted a doctor complaining of a cough with mucous sputum, most often in the morning. The cough has been bothering him for 25 years. Bad habits: he has been smoking since he was 25, 1 pack a day. He is vaccinated against influenza annually and has not noted any exacerbations. Post-bronchodilator test: FEV1<30% of predicted. CAT score=18 points. According to the mMRC scale 4. To which category of GOLD groups (2019 Global Initiative for Chronic Obstructive Lung Disease) does the patient belong?

<question> A 64-year-old man consulted a doctor complaining of a cough with the release of purulent-mucous sputum, most often in the morning. The cough has been bothering him for 15 years. Bad habits: he has been smoking since he was 20, 1 pack a day. He notes exacerbations of the disease about 3 times a year. Post-bronchodilator test: FEV1 <30% of the predicted. CAT score = 18 points. According to the mMRC scale 4. To which category of GOLD groups (2019 Global Initiative for Chronic Obstructive Lung Disease) does the patient belong?

<question> A 69-year-old woman. After visiting the clinic, a few hours later she felt unwell, had a fever, nasal congestion, watery eyes, cough, and had pain all over her body. The patient is registered for COPD. What medication should she be prescribed to prevent complications of the onset of the disease?

<question> An 80-year-old man from a nursing home complains of increasing cough, fever, and dyspnea for 2 days. History of type 2 diabetes, hypertension, and dementia. Takes insulin, enalapril, and donepezil. Body temperature is 38.1 °C, PS is 112 per minute, and respiratory rate is 35 per minute. Blood pressure is 78/60 mm Hg. Pulse oximetry is 77%. X-ray shows infiltrates in the upper and middle lobes of the right lung.
Which of the following is most likely to be found when examining a patient's sputum?

<question> A 62-year-old woman complained of fever up to 38.5°C, cough with scanty mucopurulent sputum, and slight shortness of breath. She has been ill for about 10 days. The disease began acutely with fever, sore throat, and dry cough. Three days ago, her condition worsened and shortness of breath developed. Objectively: BP 110/70 mmHg, HR 95 bpm, RR 18 bpm, crepitations are heard in the lower parts of the right lung against the background of slightly weakened breathing, and bronchial breathing is heard in the middle and upper parts. Pulse oximetry is 95%. In the complete blood count: L 11x109/l, RBC - 3.2x09/l, Hb - 123 g/l, ESR - 24 mmHg. X-ray of the lungs - infiltrative shadow of medium intensity in the lower lobe of the right lung. Your tactics.

<question> A 67-year-old woman has been bothered by a cough with scanty mucopurulent sputum and paroxysmal dry cough at night for 2 weeks, an increase in body temperature to 38°C. On examination: respiratory rate - 22 per minute, harsh breathing in the lungs, scattered dry wheezing. Radiologically, an increase in the pulmonary pattern is determined. What tactics are most appropriate?

<question> A 72-year-old woman came to us with fever, myalgia, and cough for 3 days. She lives in a temporary building; her neighbors had similar symptoms. History of hypertension, takes lisinopril. Body temperature is 38.9^{O}C, pulse 105/min, respiratory rate 22/min, blood pressure 110/60 mm Hg, SaO2 89%. Blood count: 10,500 leukocytes/mm3, creatinine 0.9 mg/dl, procalcitonin 0.05 μg/l (normal <0.06). R-lung scan shows bilateral darkening in the lower lobes. Treatment with ceftriaxone and azithromycin was started. After two days - body temperature 37.6^{O}C, procalcitonin 0.04 μg/l, SaO2 96%. What is the appropriate step in disease management?

<question> A 65-year-old woman. During screening, the following was revealed: BMI 26, BP 120/80 mmHg, HR - 75 bpm, glucose level - 5.4 mmol/l, cholesterol - 4.7 mmol/l. ECG - normal position of the EOS, sinus rhythm, incomplete right bundle branch block. Gynecological examination did not reveal any pathology. PAP test - "cytogram without features". Mammography - without features. To which group of dispensary observation should she be assigned?

<question> A 65-year-old man was admitted to the hospital with complaints of shortness of breath on exertion (walking 15 meters), orthopnea, and peripheral edema. On examination: blood pressure 90/60 mmHg, regular pulse 100 bpm, jugular venous distention with a central venous pressure of 12 cm H_2O, a systolic murmur radiating to the neck vessels, noticeable delay of carotid pulsations, and leg edema. Which of the following statements is *not* correct regarding this patient?

<question> A 72-year-old woman with congestive heart failure develops pneumonia and a large pleural effusion. A thoracentesis is performed to determine the nature of the pleural effusion (is it due to congestive heart failure or pneumonia?). What data would indicate that the pleural effusion is due to congestive heart failure?

<question> A 72-year-old man who has smoked 30 cigarettes a day for 30 years consulted a doctor about hemoptysis. The patient complained of coughing up 5-10 ml of sputum every morning. Physical and radiographic examination revealed no pathology. The most likely cause of hemoptysis in the patient:

<question>An 80-year-old woman with heart failure developed attacks of angina. She takes furosemide, digoxin, cardiket, additionally nitroglycerin and potassium preparations. After a short time, the patient developed periodic pulsating headaches in the frontal part. What should the doctor do first?

<question>A 65-year-old patient is admitted by ambulance complaining of severe headaches. Blood pressure 240/140 mm hg. Examination of the vessels of the fundus: optic disc edema, urine analysis: microhematuria. Blood pressure was high before. Hypertensive crisis is most likely caused by:

<question>Patient D., 67, consulted a doctor with chest pain lasting 5-10 minutes, occurring episodically, without radiating. Several people in the family died suddenly from heart disease. During examination, an increase in the apical impulse is determined, a systolic murmur is heard along the left edge of the sternum, better in a standing position. The ECG shows nonspecific changes in ST and T. What is your diagnosis?

<question> A 60-year-old patient came for a routine medical examination. No complaints. On examination: BP 160/100, pulse 72 per minute, rhythmic, temperature normal. Examination of the vessels of the fundus reveals narrowing of the arterioles and tortuosity of the vascular pattern. The chest is normal. Increased apical impulse. T4 is heard. Other physical signs are normal. ECG shows left ventricular hypertrophy. There are no changes in the analysis of electrolytes, BUN and creatinine. Which of the following conclusions is correct?

<question> An 80-year-old patient was admitted to the therapeutic department with complaints of an increase in body temperature to 39,3ºC, headaches and weakness. He became ill acutely, the day before admission he began coughing heavily after choking on food. An ENT specialist was consulted: no pathology was found. On the chest X-ray: infiltration in the lower lobe of the right lung. What type of pneumonia does the patient have?

<question> Gerontology is

<question> Geriatrics is

<question> Age-related radiographic changes are: a) increasing the transparency of lung tissue, c) increased bronchopulmonary pattern, c) nodular dissemination, d) decreased diaphragm mobility, e) reticular dissemination

<question> Breathing in pulmonary emphysema:

<question> A 75-year-old patient presents to the primary care physician with complaints that he has recently become more easily fatigued during normal walking and has developed shortness of breath and palpitations with minimal physical exertion. He also reports weakness and occasional evening lower-leg edema. On examination: the skin and visible mucous membranes are pale. Blood pressure is 135/70 mmHg, pulse 68 bpm. Echocardiography shows moderate dilation of the left ventricle, a decrease in ejection fraction to 45%, thickening of the walls, and areas of

myocardial fibrosis. Which age-related morphological changes of the myocardium could have led to the development of these symptoms?

<question> A 65-year-old man presents with complaints of progressively worsening shortness of breath and a cough producing a small amount of white sputum. The cough has been present for a long time, and dyspnea developed over the past 5–6 years. His history includes more than 40 years of smoking. On auscultation, bilateral dry, low- and high-pitched wheezes are heard. Spirometry shows FEV_1($ОФВ_1$) of 56%; post-bronchodilator test: FEV_1/FVC($ОФВ_1/ФЖЕЛ$) — 62%. Which of the following interventions is most likely to slow the decline in FEV_1 in this patient?

<question> A 65-year-old man presents to the primary care physician with complaints of fever (body temperature 38.6°C), cough with production of a large amount of purulent sputum (up to 2/3 cup per day), sometimes streaked with blood, exertional dyspnea, and pronounced fatigue. He has a history of frequent bronchitis in childhood. Chest CT shows a “signet ring” sign on axial sections and a “tram-track” sign on longitudinal sections. Bronchoscopy reveals opalescent air bubbles surrounding pus-filled bronchial openings. Sputum analysis: yellow, purulent, with a large number of leukocytes. What is the most likely diagnosis?

<question>Patient K., 65 years old, has been under long-term follow-up for chronic obstructive bronchitis for more than 10 years. Over the past 3 years, blood pressure readings have risen to 170/90 mmHg. Which group of drugs is contraindicated for managing blood pressure in this patient?

<question> A 75-year-old patient, who suffered a myocardial infarction a few months ago, presents with shortness of breath, edema of the lower legs and feet, and weakness. Auscultation of the lungs reveals moist rales in the lower lobes. Blood analysis shows Hb 155 g/L. ECG - shows sinus tachycardia and focal changes in the anterior wall and septal region. In this case, the patient has:

<question> A 56-year-old patient with a long history of COPD (ХОБЛ) complains of fever, cough with mucopurulent sputum, dyspnea, weakness, and sweating that appeared after exposure to cold. Chest X-ray reveals infiltration of the right lower lobe. Treatment with cefazolin and lincomycin was initiated. On the third day, pneumococci were found in the sputum. What should be your next step?

<question> A 67-year-old woman was admitted with complaints of shortness of breath, fever up to 38.0ºC, weakness, and sweating. Her condition worsened 2 days ago following an acute respiratory viral infection. On examination: skin is moist and pale, with clubbing of the fingers. Blood pressure 130/90 mmHg, heart rate 100 bpm, respiratory rate 28/min. Auscultation reveals moist fine crackles in the lower left lung fields against a background of diminished breath sounds. Pulse oximetry: 88%. Chest X-ray shows horizontal ribs, widened intercostal spaces, enlarged pulmonary hila, increased pulmonary markings due to fibrotic and vascular components, and confluent infiltrative shadows in the lower lobe of the left lung. What would be your management?

<question> A 65-year-old man presents with complaints of cough with a small amount of purulent sputum and exertional dyspnea. History: has been smoking since age 16. On examination: cyanosis

of the lips, barrel-shaped chest, and bulging supraclavicular spaces. Percussion reveals a hyperresonant sound. On auscultation: diminished vesicular breath sounds with dry rales that increase during forced exhalation. Pulmonary function tests: FEV_1 ($ОФВ_1$) – 65%, PEF(ПСВ) – 70%. Bronchodilator test is negative. What is your preliminary diagnosis?

<question> A 56-year-old woman complained of shortness of breath with little physical exertion and a dry cough. The shortness of breath is of a mixed nature. She has been registered with the D hospital with a diagnosis of COPD (ХОБЛ) for 5 years. She has been smoking for over 30 years, 1-1.5 packs a day. The patient noted the appearance of streaks of blood during attacks of a hacking, unproductive cough. She notes that she had shortness of breath before, but now it is stronger and it has become more difficult to inhale than to exhale. The chest X-ray did not reveal any significant differences from the X-rays taken last year. The blood test shows ESR 54 mm/h. What examination should be done first?

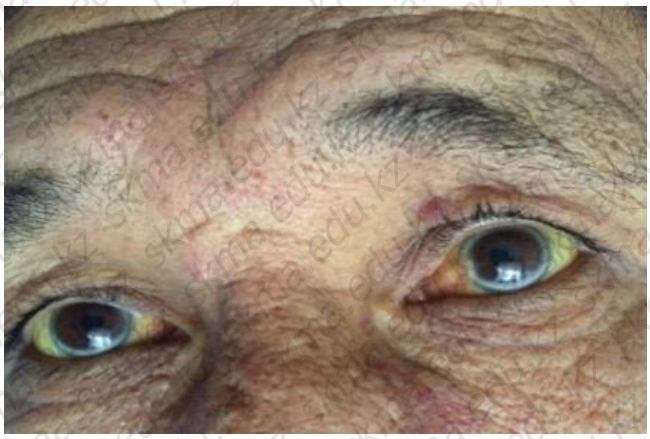
<question> A 63-year-old woman arrived from a category 1b country to a country with a COVID quarantine. On the plane, she sat 2 seats away from a passenger who tested positive for COVID-2019. No complaints, no symptoms. Preliminary test result for COVID-2019 is negative. How long does it take to consider the presence of an epidemiological link?

<question> A 64-year-old man arrived from a category 1b country to a country with a COVID quarantine. No complaints, no symptoms. The test result for COVID-2019 is negative. After the quarantine measures were taken, the doctor advised him to self-isolate at home. How many times does the effectiveness of quarantine measures for coronavirus infection help reduce the spread of infection according to modeling using the "decision tree"?

<question> A 65-year-old man came to his local doctor complaining of transient chest pain that appeared 2 weeks ago, lasting 1-2 minutes, passing spontaneously, occurring during physical exertion. He smokes 1 pack a day. Objectively: BMI - 32, BP 145/65 mm Hg, HR 75 bpm, heart tones are clear and rhythmic. What examination is indicated at the first stage of the diagnostic search?

<question> A 63-year-old woman complained of headaches that appeared several weeks ago and occur towards the end of the working day. When measuring her blood pressure in the pre-medical examination room by a nurse, it was 145/95 mm Hg. The woman has a BMI of 30, no bad habits, and no heredity. What examination is indicated at the next stage?

<question> A 63-year-old man. Complaints of pain in the left half of the chest, which appears during physical exertion, increased blood pressure. The pain has been bothering him for several months. On examination (photo). Blood pressure - 160/90 mm Hg. On auscultation, there is an accent of the 2nd tone on the aorta. What result of the lipidogram should be expected in the patient?



<question> A 63-year-old man reports increased blood pressure of 175-190/95-110 mm Hg. He does not undergo treatment regularly. Weight is 100 kg, height is 165 cm, waist size is 105 cm. Objectively: the left border of the heart is 1 cm to the left of the left midclavicular line, at the 5th intercostal space. On the ECG: sinus rhythm, Sokolov-Lyon index is 40 mm. mALB is 300 mg / day. The intima-media complex of the carotid artery is 1 mm. What is the probability of developing cardiovascular catastrophes in the next 10 years?

<question> A 65-year-old man consulted his local doctor complaining of increased blood pressure to 145/95 mm Hg. High blood pressure was detected during a routine medical examination once. He does not smoke, has no bad habits, and has no family history. Objectively: BMI 32, blood pressure 135/65. Glucose 4.8 mmol/l, cholesterol 4.8 mmol/l. What recommendations should be given to the patient?

<question> A 65-year-old woman developed speech impairment against the background of an increase in blood pressure to 195/110 mm Hg - she suddenly stopped talking. In the neurological status: clear consciousness, pupils D=S, smoothed right nasolabial fold, motor aphasia, right-sided hemiparesis with high muscle tone and high tendon reflexes, with Babinski's symptom. Preliminary diagnosis:

<question> Select a group of antihypertensive drugs. A 64-year-old man with blood pressure rising to 150-160/90-95 mmHg over 5 years. Type 2 diabetes. Takes Diabeton. Objectively: the left border is along the left midclavicular line. Vesicular breathing in the lungs. Heart sounds are clear; the rhythm is regular. HR 80 bpm. BP 160/94 mmHg. Serum cholesterol 6.0 mmol/l, serum creatinine 75 μmol/l. Blood sugar 5.4 mmol/l. mALB – 100 μg per day.

<question> Select an antihypertensive drug. A 64-year-old man with blood pressure rising to 150-160/90-95 mmHg for 5 years. Type 2 diabetes. Takes Diabeton. Objectively: the left border is along the left midclavicular line. Vesicular breathing in the lungs. Heart sounds are clear; the rhythm is regular. HR 80 bpm. BP 160/94 mmHg. Serum cholesterol 6.0 mmol/l, serum creatinine 75 μmol/l. Blood sugar 5.4 mmol/l. MAU (microalbuminuria) – 100 μg/day.

<question> Select the correct conclusion. Which of the following statements regarding the results of hypertension treatment is true?

<question> Determine the correct diagnosis. A 67-year-old patient with a sharp increase in blood pressure to 220/100 mm Hg, against the background of severe headaches, developed symptoms of severe dyspnea, shortness of breath, and constrained breathing. Weakened vesicular breathing is heard in the lungs, fine-bubble moist rales have appeared in the lower parts of both lungs. Heart sounds are muffled, the rhythm is correct, heart rate is 100 per minute.

<question> Analyze the situation. A 67-year-old patient with a sharp increase in blood pressure to 220/100 mm Hg against the background of severe headaches developed symptoms of severe dyspnea, shortness of breath, and constrained breathing. Weakened vesicular breathing is heard in the lungs, fine-bubble moist rales in the lower parts of both lungs. Heart sounds are muffled, the rhythm is regular, heart rate is 100 per minute. Is it necessary to more actively reduce blood pressure?

<question> Determine the patient's diagnosis. A 64-year-old patient complains of periodic headaches and dizziness over the past year. He has repeatedly noted an increase in blood pressure to 170/100 mm Hg, especially during periods of headaches. The survey revealed that his mother had high blood pressure and died at the age of 57 after a stroke. The patient is overweight, smokes a lot, and likes fatty foods and beer. A shift in the left border of relative cardiac dullness to the midclavicular line was detected.

<question> A 69-year-old patient, suffered a myocardial infarction, has clinical features of obliterating atherosclerosis of the lower extremity vessels. Objectively: pulse 76 per minute, blood pressure 170/100 mm Hg, no signs of heart failure.
Select a group of antihypertensive drugs:

<question> A 69-year-old patient, suffered a myocardial infarction, has clinical features of obliterating atherosclerosis of the lower extremity vessels. Objectively: pulse 76 per minute, blood pressure 170/100 mmHg, no signs of heart failure.
Determine the group of antihypertensive drugs that are contraindicated for the patient.

<question> A 69-year-old patient who had suffered a myocardial infarction consulted a doctor about headaches and dizziness. Pulse 86 per minute, BP 200/100 mm Hg, no signs of heart failure, there are manifestations of obliterating atherosclerosis of the vessels of the lower extremities.
Select the antihistamins group:

<question> A 65-year-old patient suffering from essential arterial hypertension, during monotherapy with Corinfar (self-medication), several hours ago the blood pressure increased to 225/115 mm Hg. Headache, dizziness, weakness in the right upper limb, vomiting appeared.
Assess the cause of the deterioration:

<question>A 66-year-old man was admitted with complaints of headaches in the occipital region, nausea, and spots before the eyes. From the outpatient card: has been ill for 7 years, proteinuria in the urine, cholesterol 8.6 mmol/l. Objectively: condition is moderate. Heart sounds are muffled, rhythmic, the second sound is accentuated in the aorta, blood pressure is 240/100 mm Hg. HR is 78 per minute. On the ECG: LVH, systolic overload.
Your preliminary diagnosis:

<question> A man with a history of syphilis has a weakening of the second heart sound and a diastolic murmur in the second interventricular region on the right; blood pressure is 170/50 mm Hg. On the ECG: LVH. Determine the acquired defect:

<question> A 70-year-old patient. He has been under observation for 20 years for arterial hypertension. While lifting something heavy, he suddenly developed severe cutting pain in the chest, back, radiating to both shoulders, neck, back of head, and along the spine. After 5 minutes, he briefly lost consciousness. The skin is pale, there is a cold, clammy sweat. There is almost no pulsation in the left carotid and radial arteries. Blood pressure is 140/80 mm Hg. The most likely diagnosis.

<question> **In which of the following conditions are signs of acute cor pulmonale absent?**

<question> A 60-year-old man, during a home examination, complains of difficulty speaking, weakness in the right arm and leg. From the anamnesis: he became ill acutely, in the morning after sleep he discovered the above complaints. Two days ago, the same symptoms were noted, they passed on their own after an hour. BP = 110/70 mm Hg, HR = 110 beats / min. On examination: consciousness is clear, oriented, pupils OD = OS, marginal underconduction of the eyeballs on both sides (2 mm.). The tongue deviates to the right, tendon reflexes D>S, Babinski reflex on the right, muscle strength in the right limbs - 3 points, no meningeal signs. What treatment tactics are indicated for the patient?

<question> A 72-year-old man was found lying on a bench in a park. He did not lose consciousness. During an on-site examination by an emergency doctor, impaired movement in his right hand and difficulty speaking were found - he uttered individual words, from which it can be understood that he suddenly felt dizzy. No vomiting was noted. He was taken to the emergency room. During examination: consciousness is preserved, but lethargic, apathetic. Does not enter into speech contact. He reacts to the examination with a grimace of displeasure. Pulse is arrhythmic, 104 beats per minute, heart sounds are muffled, BP is 150/100 mm Hg. The right corner of the mouth is lowered. The right hand is motionless. The right foot is turned outward. Tendon reflexes are higher on the right than on the left. Babinski reflex is on the right. What examination should be performed at the next diagnostic stage?

<question> A 68-year-old man. In the last 2 years, he has noted the appearance of interruptions in the work of the heart, rapid heartbeat, swelling in the legs. Arterial hypertension of the 2nd degree and ischemic heart disease for 15 years. On auscultation of the heart: the rhythm is irregular, periodically "cannon tone", the number of heart contractions is 100 per minute, the pulse is 86 per minute, irregular. What do you expect to see on the patient's ECG?

<question> A 67-year-old man complains of frequent headaches when the weather changes, by the end of the working day, and swelling of the feet. Arterial hypertension was detected 7 years ago, but was not treated regularly. He had an ischemic stroke 2 years ago and smokes 20 cigarettes a day. On examination, the heart tones are clear, with an accentuated 2nd tone on the aorta. BP is 165/100 mm Hg. The left border of the heart is shifted to the left by 1 cm. On echocardiography: left ventricular myocardial mass index is 140 g/m2, carotid artery ultrasound: intima-media complex is 1.1 mm, in the area of the carotid artery bifurcation - 1.5 mm. Treatment tactics?

<question> Select the correct conclusion. Which of the following is an indication for the installation of a permanent pacemaker (ЭКС)?

<question> A 70-year-old patient with ischemic heart disease suddenly loses consciousness; breathing and pulse are absent. ECG shows chaotic waves of varying amplitude and frequency, with no QRS complexes. Which of the following conditions is the cause of sudden coronary death in 90% of cases?

<question> Choose the correct statement. Morphine and droperidol were used to relieve angina in a patient with myocardial infarction. Which of their side effects is the most serious:

<question> Choose the correct statements. In case of myocardial infarction of the posterior wall, changes are recorded in the following leads on the ECG:

<question> A 72-year-old patient presents to the primary care physician with complaints of episodes of chest pain when walking more than 500 meters, which subside with cessation of physical activity, as well as occasional headaches, dizziness, and weakness. On examination: skin and visible mucous membranes are of normal color, no peripheral edema. History: has been smoking for 20 years, half a pack per day. Lungs: vesicular breathing, no rales. Heart sounds are muffled but rhythmic. Blood pressure: 160/95 mmHg in both arms. Abdomen: non-tender on palpation, liver and spleen not enlarged. Cholesterol level - 6.1 mmol/L. Which risk factor for coronary artery disease is significant in this patient for correction from the perspective of complication prevention?

<question> Choose the correct statement. The diagnosis of a 65-year-old patient: coronary heart disease, angina pectoris FCII and hypertension II degree. Treatment should begin with:

<question> Choose the correct statement. A 72-year-old patient complains of intense pressing pain behind the sternum and in the epigastrium for more than 2 hours. On the ECG: low voltage of the $R_{II,III,AVF}$ wave, depression of the $ST_{II,III,AVF}$ interval. Of the diagnostic tests, the following will help in making a diagnosis:

<question> Select the studies that determine the patient's diagnosis. A 74-year-old patient complains of squeezing pain behind the sternum, independent of breathing and increasing in attacks. Taking nitroglycerin is ineffective.

<question> Determine the most optimal patient management tactics. The patient is 63 years old, complains of sudden attacks of severe dizziness with loss of consciousness, which appeared after infectious myocarditis suffered 3 years ago. Recently, the attacks have become more frequent, up to 2-3 times a month. BP 110/70 mm Hg, HR 57 bpm, ECG shows prolongation of the PQ interval, regular Samoilov-Wenckebach periods.

<question> Identify the complication: a 68-year-old man, in the 4th week of acute myocardial infarction, complained of chest pain, fever, pericardial friction rub, increased ESR (“frozen” ECG). ECG without dynamics.

<question> A 64-year-old man fell ill after a stressful situation at work, intense, pressing pains appeared behind the breastbone, in the evening he called an ambulance. On the ECG: absence of the R wave V_1-V_3, ST segment displacement by 6 mm.
Determine the diagnosis:

<question> Identify the complication: a patient with myocardial infarction has intense angina syndrome, tachycardia, a sharp drop in blood pressure, thready pulse, pale skin, cold sweat.

<question> Determine the leading syndrome and the doctor's tactics: a 74-year-old patient complains of squeezing pain behind the sternum, independent of breathing and increasing in attacks. Taking nitroglycerin is ineffective.

<question> Determine the type of angina, choose the tactics of management: a 67-year-old patient was taken to D record 2 months ago due to pain in the lower third of the sternum, occurring on the 4th floor, which is relieved by 1 tb of nitroglycerin. Treatment with BAB was prescribed. A few days ago, pain began to appear during fast walking, 2 tb of nitroglycerin were relieved.

<question>Select the pathognomonic symptom of angina:

<question> Highlight the leading syndromes: A 78-year-old patient complains of chest pain that occurs after going down the first floor, shortness of breath. He had a myocardial infarction. Objectively: muffled heart sounds, frequent ES. BP 170/100 mm Hg. HR 106 bpm. Troponin T negative. The liver is enlarged. On the ECG: cicatricial changes in the anterolateral region of the LV.

<question> A 78-year-old patient complains of chest pain that occurs after going down the first floor, shortness of breath. He had a myocardial infarction. Obvious: muffled heart sounds, frequent ES. BP 170/100 mm Hg. HR 106 bpm. Troponin T negative. The liver is enlarged. ECG shows cicatricial changes in the anterolateral region of the LV, ventricular ES. Main syndromes: anginal, cicatricial myocardial lesion, rhythm disturbance, arterial hypertension, heart failure.
Determine the diagnosis based on the leading syndromes:

<question> Select the signs characteristic of myocarditis with heart failure:

<question> Determine the possible complication of a patient with myocardial infarction during prolonged immobilization:

<question> Select a medical tactic: A 65-year-old patient, returning from the market, experienced pain behind the breastbone for the first time, radiating to the left shoulder blade. The pain went away when he stopped, increased when climbing stairs, and completely went away at home. Blood pressure 135/80 mm Hg. Pulse 90 per minute, rhythmic. Other objective data, including ECG, are within normal limits.

<question> In patients with anginal status during acute myocardial infarction (AMI), which treatments are indicated first?

<question>Right ventricular myocardial infarction is characterized by:

<question> For emergency reduction of blood pressure in acute myocardial infarction, the drug choice is:

<question> Select the correct definition of compensated chronic pulmonary heart disease:

<question> Choose the correct statement. Decompensated chronic pulmonary heart disease leads to the following changes in the liver:

<question> Choose the correct statement. In decompensated chronic pulmonary heart disease, the following is determined:

<question> Select peripheral vasodilators used in the treatment of pulmonary hypertension:

<question> Mark the correct statement. Treatment plan for CCP (ХЛС):

<question> A 74-year-old patient presents to the primary care physician with periodic episodes of supraventricular tachycardia. The patient has a history of coronary heart disease and ischemic cardiomyopathy. In this case, the drug of choice for maintenance therapy is:

<question>A patient undergoing ECG monitoring developed a sudden loss of consciousness. The pupils are dilated. The skin is pale gray. There is no pulse in the carotid arteries and no breathing. The ECG shows chaotic, irregular, sharply deformed waves of varying height, width, and shape with a frequency of about 600 per minute. Indicate the most likely cause of this patient's condition:

<question> Select electrocardiographic signs of grade II AV block, Mobitz-1:

<question>A 78-year-old patient came to the emergency room doctor; ECG monitoring showed attacks of supraventricular tachycardia. He is registered with the D-registration with the diagnosis: coronary heart disease, ischemic cardiomyopathy. The drug of choice for maintenance therapy is:

<question> A 77-year-old patient with COPD, mainly emphysematous type, came to the doctor; with complaints of shortness of breath, attacks of interruptions in the heart area, edema in the lower extremities. On the ECG: atrial fibrillation. Select the drug that is appropriate to prescribe in this situation:

<question>A 63-year-old man complains of sudden attacks of severe dizziness with periodic loss of consciousness, suffered non-rheumatic myocarditis 3 years ago. Recently, he has noted an increase in the frequency of attacks to 2-3 times a month. BP 110/70 mm Hg, HR 57 per min., ECG shows prolongation of the Pq interval, regular Samoilov-Wenckebach periods. Choose the most optimal treatment for this patient:

<question> A 65-year-old woman suffered a myocardial infarction 1.5 months ago. In the last 2 weeks, she has complained of a feeling of her heart sinking and dizziness. ECG: sinus rhythm,

78 beats per minute, irregular ventricular complexes, 0.14 seconds wide, complete compensatory pause. Choose the correct judgment:

<question> Indicate the objective sign of atrial fibrillation that provides the basis for diagnosis without ECG:

<question> To control thromboembolic complications in permanent forms of AF, the following anticoagulants and antiplatelet agents are used:

<question> Basic (mandatory) diagnostic examinations performed at the outpatient stage to diagnose rhythm and conduction disorders:

<question> A 68-year-old man presents to the primary care physician with brief episodes of fainting, mostly when standing up from a lying position, without warning signs. On examination: skin and visible mucous membranes are slightly pale, peripheral lymph nodes are not enlarged. Lungs: vesicular breathing, no rales. Pulse: 82 bpm, blood pressure: 105/65 mmHg. ECG: no abnormalities. Which of the following actions is justified in this patient?

<question> A 66-year-old patient with a diagnosis of ischemic heart disease, PIM suddenly lost consciousness. The condition was accompanied by epileptiform seizures, involuntary urination. The ECG showed AVB grade II, Mobitz2. Choose the correct statement:

<question> A 72-year-old patient, who suffered a myocardial infarction 2 years ago, suddenly developed palpitations during physical activity, accompanied by a feeling of shortness of breath and general weakness. The ECG showed paroxysmal tachycardia from the AV node. Choose the correct statement:

<question> The patient is 70 years old, Mönckeberg's defect (isolated "calcific" aortic stenosis). Over the last 2 months, he has lost consciousness several times for a short time, syncope developed during physical exertion. Find out the cause of syncope:

<question> A 67-year-old woman loses consciousness when coughing, straining, sometimes when swallowing. The patient considers herself to be ill for the last 7-8 years. She underwent examinations and consultations with a psychologist and a cardiologist, but the prescribed treatment did not produce any effect. Holter ECG monitoring (from 72 hours to a week) revealed short-term complete AVB and asystoles in the above physiological conditions. Requires radical treatment. The consultation revealed syncope, select which reflex is associated with syncope in this patient:

<question> A 67-year-old man has been experiencing loss of consciousness when getting out of bed, after sleep for the last 2-3 months; cyanosis occurs during this time, and he comes to in a horizontal position. An ECG was taken several times. Select the leading syndromes:

<question> A 67-year-old man has been experiencing loss of consciousness for the last 2-3 months when getting out of bed, after sleep; at this time, cyanosis occurs, in a horizontal position - he comes to his senses. An ECG was taken several times. Determine the mechanism of syncope:

<question> A 67-year-old man has been experiencing loss of consciousness for the last 2-3 months when getting out of bed, after sleep; at this time, cyanosis occurs, in a horizontal position - he comes to his senses. An ECG was taken several times. Choose the decisive method of examination:

<question> A 70-year-old man lost consciousness while tying a tie around his neck. Objectively: moderate condition, pale. Blood pressure 80/50 mm Hg. Heart rate 40 bpm. On an urgently taken ECG: heart rate 36 bpm, no focal changes. The patient came to in about two minutes. On a repeat ECG: sinus rhythm, heart rate 68 bpm. Your preliminary diagnosis:

<question> A 69-year-old man has been experiencing loss of consciousness and seizures for the past 1.5 months. Neurologists examined the patient and ruled out neurological pathology. Heart sounds are moderately muffled, rhythmic, heart rate is 34 per minute. Blood pressure is 150/90 mm Hg. ECG is 2 months old: AVB stage II, Mobitz-2, cicatricial changes in the anterior-septal-apical walls. ECG was taken: P waves are in their own rhythm - 76 per minute, QRS complexes are in their own (34 per minute), signs of anterior-spreading cicatricial changes. Select the leading syndromes:

<question> A 69-year-old man has been experiencing loss of consciousness and seizures for the past 1.5 months. Neurologists examined the patient and ruled out neurological pathology. Heart sounds are moderately muffled, rhythmic, heart rate is 34 per minute. Blood pressure is 150/90 mm Hg. ECG is 2 months old: AVB stage II, Mobitz-2, cicatricial changes in the anterior-septal-apical walls. ECG was taken: P waves are in their own rhythm - 76 per minute, QRS complexes are in their own (34 per minute), signs of anterior-spreading cicatricial changes. Select a preliminary diagnosis:

<question> A 69-year-old man has been experiencing loss of consciousness and seizures for the past 1.5 months. Neurologists examined the patient and ruled out neurological pathology. Heart sounds are moderately muffled, rhythmic, heart rate is 34 per minute. Blood pressure is 150/90 mm Hg. ECG is 2 months old: AVB stage II, Mobitz-2, cicatricial changes in the anterior-septal-apical walls. ECG was taken: P waves are in their own rhythm - 76 per minute, QRS complexes are in their own (34 per minute), signs of anterior-spreading cicatricial changes. Select correct medical tactics for syncope prevention:

<question> A 64-year-old woman has been experiencing loss of consciousness for the past 2 weeks. History: varicose veins of the deep veins of the lower extremities since the age of 37. CHF since the age of 45-46, takes several medications (perindopril, hypothiazide, cardiomagnyl). Objectively: peripheral edema to the ankles. Height 168 cm; weight 96 kg. Vesicular breathing in the lungs, weakened breathing over the middle lobe of the right lung, crepitations. Muffled, rhythmic heart sounds, HR-102bpm, accentuated second sound in the second interventricular region on the left. BP 135/85 mm Hg. Liver size according to Kurlov 14x11x9 cm. On the ECG: sinus rhythm, heart axis - to the left. Low voltage of the scollops, signs of hypertrophy of both ventricles. Identify the leading syndromes:

<question> A 64-year-old woman has been experiencing loss of consciousness for the past 2 weeks. History: varicose veins of the deep veins of the lower extremities since the age of 37. CHF since the age of 45-46, takes several medications (perindopril, hypothiazide, cardiomagnyl). Ob:

peripheral edema to the ankles. Height 168 cm; weight 96 kg. Vesicular breathing in the lungs, weakened breathing over the middle lobe of the right lung, crepitations. Muffled, rhythmic heart sounds, HR 102 bpm, accentuated second sound in the second middle lobe on the left. BP 135/85 mm Hg. On the plain radiograph of the chest organs: expansion of the roots on both sides, signs of peri-infarction pneumonia of the middle lobe on the right. Determine the preliminary diagnosis:

<question> Determine the cause of CHF: a 67-year-old patient with COPD (ХОБЛ) has shortness of breath at rest, diffuse cyanosis, an enlarged liver, and swelling in the legs.

<question> A 68-year-old woman suffering from varicose veins of the lower extremities has a clinical picture of acute right ventricular failure. History: sudden pain behind the sternum, an attack of suffocation, wheezing on the right, mostly over the middle fields. On the ECG: in the 1st standard lead there is a deep S wave, in the 3rd there is a deep Q wave (S_I; Q_{III}). Select the leading symptom and syndrome, preliminary diagnosis:

<question> A 64-year-old man was treated for syphilis at 49. Over the past year, headaches and shortness of breath during physical exertion have developed. Objectively: in the second microcirculation on the right, weakening of the second heart sound and diastolic murmur; BP 160/40 mm Hg. On the ECG: LVH. Determine the acquired defect that caused the heart failure:

<question> A 70-year-old patient with acute myocardial infarction is being treated in the cardiology department. The sudden appearance of a holosystolic murmur over the apex of the heart simultaneously with acute left ventricular failure is characteristic of:

<question> A 71-year-old patient complains of shortness of breath, developing into suffocation, cough with foamy sputum. On examination: orthopnea, gurgling breathing. Respiratory rate is 30 per minute. In the lungs, there are moist rales of various sizes over all fields. Heart sounds are muffled, the rhythm is regular, heart rate is 100 per minute, blood pressure is 110/80 mm Hg. On the ECG in V1-V4 QR, arcuate ST elevation merging with the T wave. Suggest a diagnosis:

<question> When localizing ECG changes characteristic of MI in leads II, III, AVF, it is common to speak about/about:

<question> When localizing ECG changes characteristic of MI in leads I, AVL, V1, V2, it is common to speak of:

<question> When localizing ECG changes characteristic of MI in lead V_3, it is common to speak of:

<question> When localizing ECG changes characteristic of MI in lead V_4, it is common to speak of:

<question> When localizing ECG changes characteristic of MI in leads V_5 and V_6 , it is common to speak of:

<question> Select the correct statements regarding painless myocardial ischemia:

<question> A 72-year-old man complains of pain in the epigastric region and weakness. He had not previously had abdominal pain or heart problems. On the ECG, the Q wave in leads III, AVF; the ST segment in leads III, AVF is elevated above the isoline, arched, and turns into a high T wave; the ST segment in leads V_1-V_3 is below the isoline. Your conclusion:

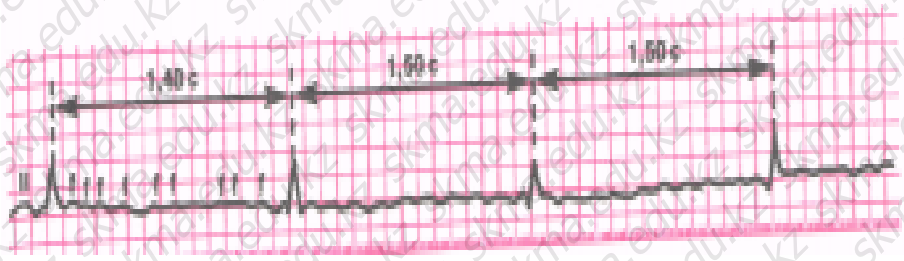
<question> **Choose the correct conclusion. The main electrocardiographic sign of acute transmural myocardial infarction is:**

<question> Eliminate the error. Electrocardiographic signs of Wolff-Parkinson-White syndrome are:

<question> Choose the correct conclusion. Electrocardiographic signs of Frederick's syndrome are:

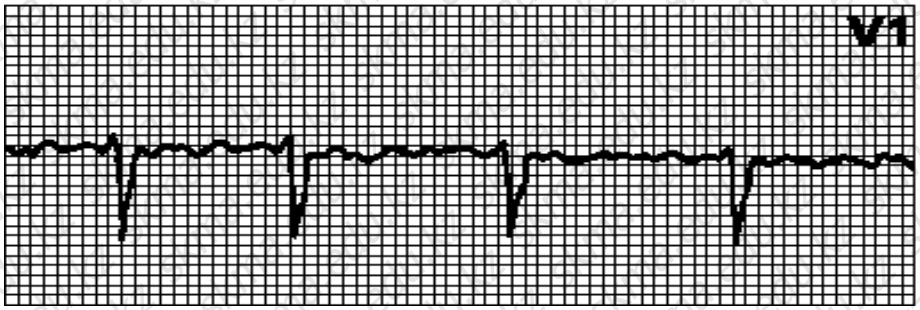
<question> Select the correct statements. The most characteristic signs of sick sinus syndrome (SSS) are: 1) migration of the rhythm source 2) tachycardia-bradycardia syndrome 3) absence of the P wave 4) presence of AVB grade II

<question> Decipher the ECG, choose the correct interpretation:

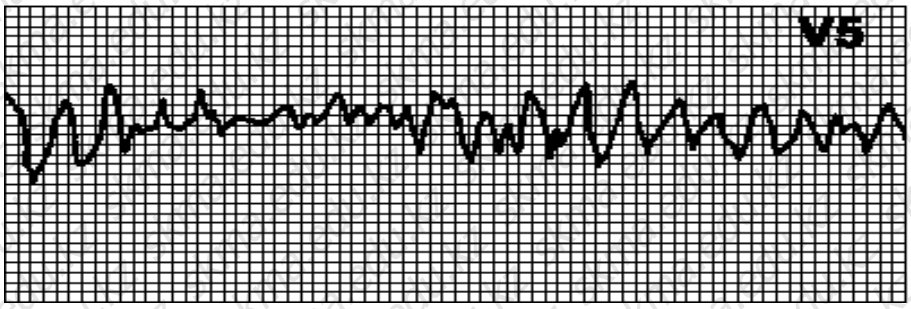


<question> **Choose the correct statement. Which ECG changes are characteristic of Frederick's syndrome?**

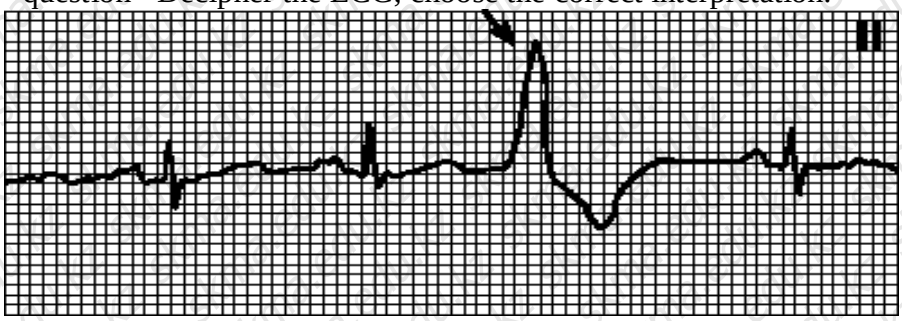
<question> ECG interpretation:



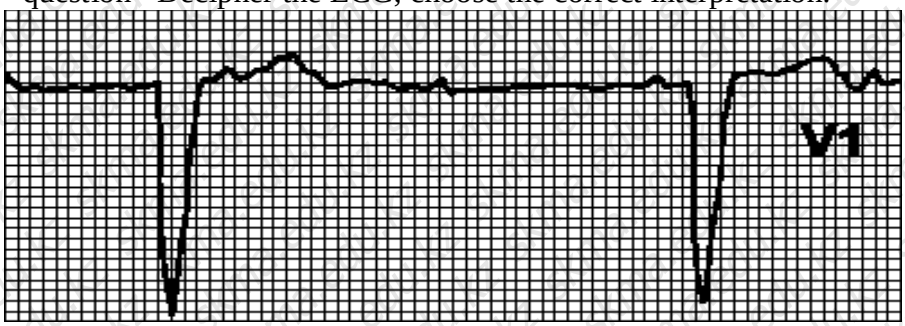
<question> Decipher the ECG, choose the correct interpretation:



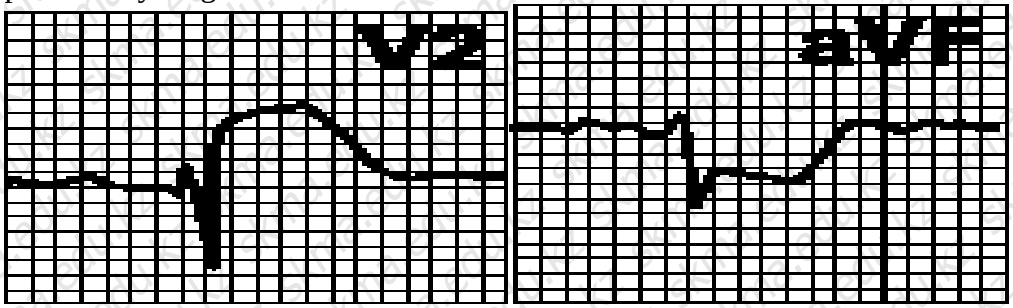
<question> Decipher the ECG, choose the correct interpretation:



<question> Decipher the ECG, choose the correct interpretation:



<question> A 65-year-old patient has intense, squeezing chest pain for 45 minutes, radiating to the left arm; nitroglycerin has had no effect. On the ECG: ST segment elevation with an upward convexity, transitioning to the T wave; in the reciprocal leads - ST segment depression. Your preliminary diagnosis:



<question> Assess the medical tactics in relation to atrial fibrillation (constant for 4 years) in a 68-year-old patient, after myocardial infarction and with heart failure of class I-II:

<question> Make a decision: the patient suddenly developed an attack of palpitations (160 per minute), which the doctor stopped by massaging the carotid sinus. The attack of palpitations was most likely caused by:

<question> Assess the clinical situation and suggest a diagnosis: a 68-year-old man came to see his local therapist complaining of palpitations, a feeling of his heart "stopping", shortness of breath, dizziness, and weakness. His medical history shows a myocardial infarction 2 years ago. On auscultation: muffled heart sounds, bradycardia, pulse 40-42 beats per minute, blood pressure 160/80 mm Hg. The ECG shows pronounced sinus bradycardia of 40 beats per minute. Bradycardia persists even after the administration of atropine solution. An orthostatic test also shows no increase in heart rate. What complication is most likely to have developed in the patient?

<question> Analyze the patient's condition: a 65-year-old man came to the appointment with complaints of squeezing pain behind the sternum radiating to the left arm, relieved by nitroglycerin, which appear during physical exertion, palpitations, interruptions in the work of the heart. The anamnesis includes arterial hypertension for 20 years with a maximum increase to 200/100 mm Hg. For the last year, he took verapamil 240 mg per day. On the ECG, an increase in the PQ interval of more than 0.24 sec. This patient most likely developed a complication:

<question> **A 68-year-old patient with ischemic heart disease is followed by a primary care physician. He reports periodic episodes of dizziness and brief loss of consciousness occurring several times a week. History: the condition has persisted for over 2 months. The patient was treated with atropine without sufficient effect; symptoms persist. On examination: pulse 42 bpm. ECG: sinus bradycardia. Which intervention is indicated for this patient?**

<question> Choose the correct statement: rare rhythm (heart rate 40 beats per minute or less) with Morgagni-Adams-Stokes attacks.

<question> A 67-year-old man presents to the primary care physician with complaints of pronounced weakness, palpitations, and sweating. History: 2 hours ago he developed intense chest pain radiating to the left arm. According to the patient, he only took Validol at home. ECG shows signs of acute myocardial infarction and frequent ventricular extrasystoles. Choose a drug to suppress frequent ventricular extrasystoles in the acute period of myocardial infarction:

<question>Arrange a treatment option: a 73-year-old female patient consulted a local therapist complaining of shortness of breath, periodic discomfort in the heart area, irregularities, episodes of palpitations. Blood pressure is 154/80 mm Hg. Heart rate is 82 beats per minute. ECG shows left ventricular hypertrophy. Daily ECG monitoring: average heart rate is 78 beats per minute (minimum - 58, maximum - 147). No significant ischemic changes in the ST segment were detected. Supraventricular extrasystoles were recorded throughout the monitoring period, periodically frequent and in groups. Against this background, 4 episodes of short paroxysms of atrial fibrillation were noted.

<question> A 70-year-old patient complains of unexplained discomfort in the chest, a feeling of shortness of breath and pain in the lower jaw on the left, interruptions. From the anamnesis: at the age of 60, for the first time he began to be bothered by pain in the heart of a squeezing nature

radiating to the left shoulder and left shoulder blade. At the beginning of the disease, attacks of chest pain were rare (1-2 times a year), but over the past 2 years they have become significantly more frequent. He almost never sought medical help. Objectively: the borders of the heart are expanded to the left by 2 cm, the width of the vascular bundle is 9 cm, the heart tones are muffled, the heart rate is 90 per minute, interrupted after 20-25 beats by extrasystoles. BP 150/90 mmHg, body temperature 37.20. In the complete blood count: moderate leukocytosis with a slight shift to the left, ESR 26 mm / h. On the ECG: ST in leads I, AVL, V4, 5, 6, shifted above the isoline. T in leads AVL, V4, 5, 6 is negative. Your diagnosis:

<question> A 70-year-old patient has stage II-B total heart failure (according to Myasnikov), predominantly of the right ventricular type (swelling of the legs, enlarged liver, congestion in the lungs). The borders of the heart are dilated in cross-section. The first tone at the apex is preserved, three-part rhythm at the apex, accentuation and bifurcation of the second tone in the pulmonary artery, systolic murmur predominantly at the apex. The most probable diagnosis:

<question> A 70-year-old patient has stage II-B total heart failure, predominantly of the right ventricular type (leg edema, enlarged liver, pulmonary congestion). The borders of the heart are dilated in cross-section. The first tone at the apex is preserved, a three-part rhythm at the apex, an accentuated and bifurcated second tone in the pulmonary artery, systolic murmur predominantly at the apex. Which of the additional research methods is necessary to confirm the diagnosis?

<question> A 72-year-old man consulted a doctor complaining of palpitations, discomfort in the heart area, weakness, and fear. Objectively: pulse 180 per minute, blood pressure 100/70 mmHg. Heart sounds are unchanged. Compression of the carotid sinus resulted in a decrease in heart rate to 90.
Most likely diagnosis:

<question> A 55-year-old man, an accountant by profession, presents to the clinic with complaints of periodic headaches, tinnitus, and dizziness. History: under regular follow-up with a therapist for chronic obstructive bronchitis; for the past 2 years, blood pressure has risen to 160/95 mmHg. Family history: father had arterial hypertension. Examination: general condition satisfactory; lungs: harsh breathing with dry wheezing. Heart borders normal, heart sounds slightly muffled, rhythmic; tachycardia, heart rate 90 bpm; blood pressure 150/90 mmHg. Preliminary diagnosis: Grade II arterial hypertension, Risk 2. Chronic obstructive bronchitis, exacerbation stage. ECG: R1 > R2 > R3, in lead AVF R = S. Signs of right atrial hypertrophy. Drug contraindicated in this situation:

<question> A 72-year-old man consulted a doctor complaining of palpitations, discomfort in the heart area, weakness, and fear. Objectively: pulse 180 per minute, blood pressure 100/70 mm Hg. Heart sounds are unchanged. Compression of the carotid sinus resulted in a decrease in heart rate to 90. The medications used include:

<question> A 72-year-old man consulted a doctor complaining of palpitations, discomfort in the heart area, weakness, and fear. He suffers from COPD (ХОБЛ) and takes seretide. Objectively: pulse 180 per minute, blood pressure 100/70 mm Hg. Heart sounds are unchanged. Compression

of the carotid sinus did not lead to a decrease in heart rate. Select the drugs recommended for emergency care:

<question> Patient, 63 years old. History: deterioration of condition over the course of a year - gradual increase in general weakness, shortness of breath, dull aching pain in the heart area. A month before seeking medical help, dizziness during exertion, 3 times - syncope. Of the objective data, note: pallor, swollen jugular veins, changes in complexion in a horizontal position, cardiomegaly, muffled heart sounds, frequent soft pulse, hepatomegaly. Low-voltage ECG. Vesicular breathing over the lungs. Preliminary diagnosis:

<question> A 65-year-old man, suffering from arterial hypertension, angina pectoris, chronic obstructive bronchitis for many years, suddenly developed a pressing pain in the upper third of the sternum radiating to the shoulders, interscapular region, short-term loss of consciousness (seconds), chest tightness. During examination, the heart rhythm is regular, tones are preserved. BP 120/70 mm Hg, dry scattered wheezing above the lungs. Taking nitroglycerin did not improve the condition. The most likely diagnosis:

<question> An 81-year-old patient presented with symptoms of severe circulatory decompensation (HF FCIII NYHA) against the background of atrial tachyarrhythmia. Which of the drugs would you choose to treat the patient:

<question> A 76-year-old patient is bothered by paroxysms of atrial fibrillation at the height of an attack of angina. The patient suffered from myocardial infarction several years ago. Choose a planned treatment.

<question> A 68-year-old woman presents to the primary care physician with complaints of shortness of breath on mild exertion, chest tightness, and periodic cough with morning sputum. History: daytime symptoms occur twice a week, nighttime symptoms once a month. FEV_1($ОФВ_1$) – 78% of predicted. In this case, which therapy is indicated for controlling bronchial asthma?

<question> A 65-year-old patient suddenly developed shortness of breath, pressing chest pain, and coughing up blood. On examination: cyanosis, jugular vein distention, edema of the lower extremities. Lungs: scattered dry wheezes. Blood pressure 85/60 mmHg, thready pulse 100/min. The liver extends 3 cm below the costal margin. How can the bronchial obstructive syndrome in this situation be characterized?

<question> A 68-year-old man presents to his primary care physician complaining of increasing shortness of breath and wheezing, a dry, distressing cough without sputum production, palpitations, and a sense of fear. According to the patient, the asthma attack has lasted for more than 6 hours and is not relieved by repeated doses of Salbutamol. The patient is registered with a diagnosis of Bronchial asthma, with irregular treatment. How can the bronchial obstructive syndrome in this patient be characterized?

<question> A 60-year-old patient complains of a fever up to 38°C, a cough with mucopurulent sputum, chest discomfort during breathing, weakness, and sweating. History: he has considered himself ill for the past two years, and the current cough has lasted for about 4 months. He has no

other chronic diseases. He smoked half a pack per day for more than 25 years and quit a year ago. Which diagnostic criterion allows one to suspect chronic bronchitis?

<question> Increased nocturnal diuresis in the elderly and old age is associated with:

<question> In elderly and advanced-age individuals, cardiac output decreases during physical exertion. This is associated with the progressive decline of…

<question> In a 68-year-old patient, moderately elevated levels of several pituitary-regulated hormones were detected. What age-related changes underlie these alterations?

<question> In an elderly patient during a routine check-up, ECG shows changes in the P wave: widening and a notched appearance. What is the cause of these changes?

<question> A 65-year-old man with a history of myocardial infarction was hospitalized complaining of shortness of breath and nocturnal episodes of dyspnea. On examination: heart sounds are muffled, heart rate 64 bpm. Ambulatory ECG monitoring revealed episodes of painless myocardial ischemia and frequent early ventricular extrasystoles of the “R on T” type. Cholesterol 4.2 mmol/L, blood glucose 5.1 mmol/L, PTI 96%; echocardiography shows left ventricular enlargement, hypokinetic zones in the interventricular septum, ejection fraction 42%. Which of the listed conditions is most likely caused by the painless form of myocardial ischemia?

<question> A 66-year-old man, heavy smoker, complains of shortness of breath, cough with mucopurulent sputum, headache, and frequent high blood pressure. On examination: scattered dry rales are heard in the lungs; accent of the second heart sound over the aorta is noted; blood pressure is 170/100 mmHg. The liver protrudes 2 cm below the costal margin, and pitting edema of the lower legs is present. Echocardiography shows an ejection fraction of 45%. Which group of antihypertensive drugs would be most appropriate for this patient?

<question> A 58-year-old woman complains of pressing chest pain, shortness of breath, palpitations, and dizziness during peak physical exertion. On auscultation along the left sternal border, a loud, harsh systolic murmur is heard, which does not radiate to the neck and increases with physical activity. Heart rate is 110 bpm. Blood pressure is 120/80 mmHg. Which group of drugs would be most appropriate to prescribe for this patient?

<question> A 62-year-old woman complains of episodes of shortness of breath and chest pain occurring in the early pre-dawn hours. The pain is intense, pressing, non-radiating, and lasts 5–7 minutes. She tolerates physical exertion well during the day. Coronary angiography revealed no significant atherosclerotic changes. The ergometrine test was positive. What is the appropriate therapeutic strategy for this patient?

<question> A 67-year-old man presents to his primary care physician complaining of pressing retrosternal chest pain. He has had coronary artery disease (CAD) for 2 years. His condition worsened over the past week, with anginal attacks becoming more frequent and intense. An ECG was ordered. What is most likely to be found on the ECG?

<question> A 79-year-old man with a history of type 2 diabetes mellitus is taking valsartan 80 mg + hydrochlorothiazide 12.5 mg. According to the 2019 Ministry of Health of the Republic of Kazakhstan protocol on “Arterial Hypertension,” what is the recommended target systolic blood pressure (SBP) for this patient (Class IA) if antihypertensive therapy is well tolerated?

<question> A 66-year-old woman reports that every summer she experiences sneezing, nasal discharge, tearing, and itching and redness of the eyes. According to the patient, a month ago she had her first nighttime episode of dyspnea, with paroxysmal cough that worsens when visiting her summer house. On examination: rhinorrhea, facial puffiness, conjunctival hyperemia; in the lungs, scattered dry rales throughout, prolonged expiration, expiratory dyspnea. What is your preliminary diagnosis?

<question> A 68-year-old woman presents to her primary care physician complaining of annual summer episodes of sneezing, nasal discharge, tearing, and itching and redness of the eyes. According to the patient, a month ago she experienced her first nighttime episode of dyspnea, with paroxysmal cough that worsens when visiting her summer house. On examination: rhinorrhea, facial puffiness, conjunctival hyperemia; scattered dry rales throughout the lungs, prolonged expiration, expiratory dyspnea. A preliminary diagnosis of “Pollinosis (hay fever), atopic bronchial asthma” was made. Which diagnostic method should be used first in this patient?

<question> A 68-year-old woman presents to her primary care physician complaining of annual summer episodes of sneezing, nasal discharge, tearing, and itching and redness of the eyes. According to the patient, a month ago she experienced her first nighttime episode of dyspnea, with paroxysmal cough that worsens when visiting her summer house. On examination: rhinorrhea, facial puffiness, conjunctival hyperemia; scattered dry rales throughout the lungs, prolonged expiration, expiratory dyspnea. A preliminary diagnosis of “Pollinosis (hay fever), atopic bronchial asthma” was made. What is the management strategy for this patient?

<question> An elderly man suddenly developed acute retrosternal pain, followed by dry cough and dizziness. Shortly thereafter, he developed inspiratory dyspnea and diffuse cyanosis combined with pale skin. Pathological pulsation is visually noted in the epigastric region. Percussion reveals rightward enlargement of the heart border, and auscultation shows accentuation and splitting of the second heart sound over the pulmonary artery. Your preliminary diagnosis:

<question> An elderly man suddenly developed acute retrosternal pain, followed by dry cough and dizziness. Shortly thereafter, he developed inspiratory dyspnea and diffuse cyanosis combined with pale skin. Pathological pulsation is visually noted in the epigastric region. Percussion reveals rightward enlargement of the heart border, and auscultation shows accentuation and splitting of the second heart sound over the pulmonary artery. A diagnosis of “Pulmonary artery thromboembolism” was made. What treatment method is indicated for this patient?

<question> A 65-year-old patient complains of nocturnal retrosternal constricting chest pain occurring 1–2 times per month for the past year, radiating to the left scapula, which resolves within half an hour after taking nitroglycerin. During Holter monitoring, ST-segment elevation of 8 mm in leads V2–V5 was recorded during an attack. The next day, the ST segment returned to the baseline. What is the patient’s pathology?

<question> A 65-year-old patient complains of nocturnal retrosternal constricting chest pain occurring 1–2 times per month for the past year, radiating to the left scapula, which resolves within half an hour after taking nitroglycerin. During Holter monitoring, ST-segment elevation of 8 mm in leads V2–V5 was recorded during an attack. The next day, the ST segment returned to baseline. A preliminary diagnosis of "Variant (Prinzmetal) angina" was made. What is the cause of variant angina development?

<question> A 65-year-old patient complains of nocturnal retrosternal constricting chest pain occurring 1–2 times per month for the past year, radiating to the left scapula, which resolves within half an hour after taking nitroglycerin. During Holter monitoring, ST-segment elevation of 8 mm in leads V2–V5 was recorded during an attack. The next day, the ST segment returned to baseline. A preliminary diagnosis of "Variant (Prinzmetal) angina" was made. The main principles of treatment for this type of angina:

<question> A 75-year-old patient, who suffered a myocardial infarction several months ago, presents with dyspnea, edema of the lower legs and feet, and weakness. Moist rales are auscultated in the lower lung fields. Blood test shows hemoglobin 155 g/L. ECG reveals sinus tachycardia and focal changes in the anterior wall and septum. The patient was diagnosed with "Chronic heart failure." Which drug would you start diuretic therapy with?

<question> A 66-year-old man visits a general practitioner complaining of periodic headaches and dyspnea on exertion. Medical history: for the past 2 years, he has experienced occasional elevated blood pressure (maximum up to 160/95 mmHg); his father had diabetes. On examination: height 170 cm, weight 96 kg. Pulse 72 bpm, BP 170/100 mmHg. The left heart border is displaced 1 cm outward from the midclavicular line. Heart sounds are muffled, with accentuation of the second heart sound over the aorta. What is your diagnosis?

<question> A 66-year-old man visits a general practitioner complaining of periodic headaches and exertional dyspnea. Medical history: for the past 2 years, he has had occasional elevated blood pressure (maximum up to 160/95 mmHg); his father had diabetes. On examination: height 170 cm, weight 96 kg, pulse 72 bpm, BP 170/100 mmHg. The left heart border is displaced 1 cm outward from the midclavicular line. Heart sounds are muffled, with accentuation of the second heart sound over the aorta. What measures should be taken for primary prevention of diabetes in this patient?

<question> A 60-year-old man with a history of myocardial infarction presents with dyspnea and nocturnal episodes of breathlessness. Holter ECG monitoring revealed episodes of painless myocardial ischemia and paroxysmal ventricular tachycardia. Which complication is most likely to develop in this patient?

<question> A 60-year-old man with a history of myocardial infarction presents with dyspnea and nocturnal episodes of breathlessness. Holter ECG monitoring revealed episodes of painless myocardial ischemia and paroxysmal ventricular tachycardia. During titration of the individual warfarin dose to achieve two consecutive INR values within the target range, the INR should be monitored every… .

<question> Patient is a 42-year-old who, a year ago, began to notice shortness of breath and a feeling of heaviness in the right hypochondrium. Subsequently, episodes of nighttime dyspnea and swelling of the lower legs developed. On examination: In the lower lung fields – faint fine crackles. Enlargement of all cardiac borders, heart sounds are muffled. Heart rate – 90 bpm. At the apex – a systolic murmur. Your preliminary diagnosis: